

**Foster Parent 1624 Statewide Consultation Team
Video-Conference Meeting
Agenda: January 27, 2014**

AGENDA TOPICS	TEAM DECISION	ASSIGNMENTS (lead &/or workgroup members/due date)	REPORT TO TEAM	COMPLETED DATE
Welcome: Bernice Morehead Attendance: Jennifer Strus, Randy Hart, Debbie Lynn, Peggy Hays, Bob Partlow, Tammy Cordova, Amy Gardner, Molly Herzog, Arthur Fernandez, Mike Canfield, Darcey Hancock, Bernice Morehead, Meri Waterhouse, Shala Crow, Deena Parra, Kathy Ramsay, Sandy Kinney, Stephanie Allison Noone, Talya Miller, Cora Phillips, Yolanda Marzst, Theresa Tanoury, Connie Lambert-Eckel, Laurie Palmquist, Kerry Bryant, Nicole, LaBelle, Shannon Boniface, Beth Canfield, Jeannie Bennett, Joel Odimba, John March, Melissa McDougal, Maria Tovar, Denise Hannan, Ken Nichols, Jan Hinkle				
Old Business: Work Group Reports / Follow Up				
Permanency Issues – court delays due to Public Defender continuances Data chart was reviewed with team by Tammy Cordova, CA Data Unit. Public Defenders are not a significant source of court continuances	Send out data chart	Meri		Jan. 2014
Parenting Plus Mandatory Training –FP impacts in child care & transportation costs discussion with CA Leadership Team Workgroup has met twice and includes: UW Alliance training & fiscal staff, CA fiscal, Program and DLR representation. Next meeting set for Feb. Goal is to implement recommendations in July. Question: <i>Adoptive families can receive one training a year per their Adopt. Support Agreement. Could AS \$ be used for FPs, or are they dedicated funds to AS?</i> Comment: <i>have heard those funds in AS were suspended?</i>	Ask Adoption Support to Respond to question/comment	Melanie Meyer	April 2014	
Utilization of DDD providers – if they are willing to provide respite care in their own home could the approval process be shortened to assist with respite care? Per Darcey: These are already licensed providers and can provide care in their homes if they desire. The question was inquiring about respite in the home of the foster parent. DD providers have difficult time providing services in the foster home. This would be a good conversation to have with DDD on developing partnership. CA licenses foster homes for DDD to use and provide respite for DDD caregivers. Standards and requirements / Payments & reimbursement	Contact DDD and report back in April.	Darcey Hancock	April 2014	

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<p>Develop TIP sheet on requesting respite (this needs to include statement that respite may be difficult to find and that requests needing a quick response by the swkr may not be met).</p> <p>Policies for licensed foster parents and for unlicensed relative caregivers were inconsistent; development of TIP should would have been more confusing to FPs.</p>	<p>Continue to work with policy to provide clarity and develop TIP sheet for caregivers.</p>	<p>Meri and Amy</p>		<p>April</p>
New Business:				
<p>Reg. 1 North - Topic 1: Video Conference Process for these statewide meetings – how to improve the process</p> <ul style="list-style-type: none"> a. Better ways to facilitate the meetings to keep them on track b. Better representation by CA management at the state level and regional meetings c. Focus on FP reps issues <p>Regional Management is doing very well. CA management representation hasn't always been present at meetings to help with answers. Jennifer has made a commitment to have someone at the state meetings and also regional leadership at regional meetings.</p> <p>Initial meeting 7 years ago: only people who had voice were the representatives - can this come back to the original format?</p> <p>Locating a FP co-facilitator continues to be a challenge. Previously the only persons who could speak were the 1624 reps. The state meeting is established for issues that can't be resolved at the regional level. FP reps used to read their own regional topics. The agenda building phone call isn't fully attended by regional FP representatives to ensure the agenda is fully identified. Sometimes there aren't agenda items to bring forward – because regional leadership has done an excellent job in addressing and moving any issues through to resolution. The agenda building meeting allows CA to identify and schedule program staff to respond at the meetings. 1624 reps are challenged in hearing from FPs about what is important to them. Does the broader community of FPs see 1624 as</p>	<p>Review original legislation to identify system collaboration; identifying what responsibility CA and foster parents have.</p> <p>Update issue at next meeting</p>	<p>Jennifer and Randy will review the original legislation.</p>		<p>April</p>

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<p>a resource to foster parents in general? FP hubs and support groups aren't aware there is a pipeline to share information up to CA. Region 6 is wide and varied. This region moves the regional 1624 meetings to different offices each quarter. Efforts are happening to inform FPs about the 1624 and bring more families to these meetings.</p> <p>Continuing difficulty for 1624 reps to identifying foster parents from their area.</p> <ul style="list-style-type: none"> Randy discussed previous AAG opinion that limited information sharing about FPs contact info. AAG opinion has been reanalyzed and will now allow FP contact info to be shared with Recruit. & Retention contractors. <p>Contractor Olive Crest currently uses a release of info (ROI) and the ROI is also included on the FP application.</p>				
<p>Reg. 1 North - Topic 2: Better ways to handle specialized treatment and therapies for children in care.</p> <ul style="list-style-type: none"> Some FPs have children with special medical care needs; when FP got child to Drs. office the Tx was refused for the child unless FP was willing to sign for treatment and financial responsibility. Sometimes FPs don't receive the Child's ProviderOne card. FPs need guidance on what to do when they are told they need to sign and confirm payment. Child is being rejected at the specialists office (ENT, etc.) <p>Providers should be informed in advance child is in foster care. The social worker can help confirm child's status. When asked to sign documents some FPs write in the social worker's name and then sign as the foster parent.</p> <p>Meri Caregiver Connection Other suggestions: send</p>	<p>Send out written information from FWBU again.</p>	<p>Meri</p>		<p>Send out ASAP</p>
<p>Reg. 1 South - Topic 1: No items this quarter</p>				
<p>Reg. 1 South - Topic 2: No items this quarter</p>				
<p>Reg. 2 North - Topic 1: Mileage claims must be submitted on a</p>	<p>To help message info</p>	<p>Meri – Caregiver</p>		

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<p>monthly basis. per administrative policy 19.10.02 any mileage submitted after 90 days will not be reimbursed</p> <p>Caregivers are waiting 90 days to submit their Monthly Mileage form. <i>Example:</i> FPs are requested to complete one line on the form when transporting a child to daycare, then another line when transporting home from daycare. FPs sometimes have 40 plus entries and multiple pages of the mileage form, especially if children going multiple places. FPs asked John Jewell and Isaac Isaac to come to our RDS meeting to discuss mileage payments. They asked caregivers to submit the form every 30 days.</p> <p>Is it possible to change the wording or remove the reference to 90 days in the instructions? With 90 DAYS stated in bold that is what caregivers are seeing and many are submitting 90 days' worth of mileage forms at once.</p> <p>CA can't remove 90 day requirement, since it's an OFM policy. Suggested language amendment on form: Mileage claims must be submitted on a monthly basis (every 30 days). Per Admin. Policy 19.10.02, any mileage submitted after 90 days will not be reimbursed. 90 day claims can cause delays in processing and reimbursement to caregivers.</p> <p>Randy encouraged FPs to submit every 30 – 60 days to ensure they receive all mileage reimbursement they are due.</p>	<p>about mileage reimbursements to caregivers statewide: Share updated /ongoing info in:</p> <ul style="list-style-type: none"> • Caregiver Connection, and • local foster parent newsletters • Support groups • Hub home meetings • FP Facebook pages 	<p>Connection articles</p>		
<p>Reg. 2 North - Topic 2: More <i>Keep the Beat</i> trainings are requested. There are not enough classes scheduled to meet the needs of caregivers.</p> <p>(Discussion combined with Reg. 2 South – Topic 2) Cora and Yolanda reporting. Locations had cancelled and new locations have been located. The provider has committed that they will have plenty of Keep the Beat CPR/First Aid classes to meet the need.</p>	<p>Questions/concerns should be directed to Cora Phillips or Yolanda Marzst</p>			<p>January 2014</p>

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<p>Reg. 2 South - Topic 1: The Affordable Care Act and foster children having medical coverage. FPs are concerned about foster children not being covered under the ACA.</p> <p>Some FPs contacted staff about signing up for Obama Care and cost was \$600 per month. The family was concerned about covering children in their care.</p> <p><u>Any child under CA custody will be covered by Medicaid.</u> When adopting a child, adoptive families aren't required to put child on their own medical care plan. Under Adoption Support the child can continue coverage under Medicaid. Adoptive parents can sign up their adopted child (if they wish) under the Affordable Care Act; they are not required to do this, the child can continue to receive Medicaid once adopted. Children remaining in foster care without a permanent plan will continue to receive Medicaid.</p> <p>ACA must also provide due process before any repercussions to the family; family can show their adopted child has insurance through another source, i.e. Medicaid and that can be shared with the IRS.</p> <p>Add info in the Caregiver Connection. Include info on guardianship in this information.</p>	<ul style="list-style-type: none"> When a family is planning to adopt a CA dependent child, they should contact their adoption or adoption support worker for more info. CA may need to place information on our external website to help inform families. 	<p>Meri:</p> <ul style="list-style-type: none"> share request with Communications office. Caregiver Connection article for March/April 		April
<p>Reg. 2 South - Topic 2: Trainings for foster parents. Specifically the locations – they aren't held in a convenient location, at convenient times for FPs.</p> <p>Trainings offered days, evenings and weekend, venues need to be large enough to accommodate people in class. Array of classes are available to help meet needs of families who need to attend.</p> <ul style="list-style-type: none"> Overlake Church (Redmond) has offered their facility to help with training facilities. Some families feel the church may not fit/work with their needs/beliefs and another neutral site might be helpful. Churches offer support at little or no cost for training. CA needs to respond sensitively when addressing this concern with FPs. Do they have suggestion for other meeting sites? 	Work on the issue locally in Region 2 South.	Region 2 CA staff, Alliance & RDS group		

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<ul style="list-style-type: none"> FP support groups also meet in churches, as many provide child care and meals for participants. Locations needs to seat 30 people. <p>Suggestion: smaller venue could provide smaller classes to help meet variety of needs.</p>				
<p>Reg. 3 North - Topic 1: Sibling Visits: FP's should not have to do all the coordinating and scheduling of the visits. FP's are unaware of the options or the expectations. Swker needs to provide clear structure and clarify the rules. Often caregivers/relatives are afraid to report anything negative due to the backlash. No regional leadership was available at the meeting to discuss this issue.</p> <p><i>(Combined with topic from Region 3 South - Topic 1)</i> FPs are held responsible for arranging & coordinating visitation. FPs have been asked or volunteered to do some of this work.</p>	<ul style="list-style-type: none"> CA will provide communication with SWkrs in all-staff & unit meetings to clearly cover info in regions about expectations. Ensure FPs also know expectations. 	<p>Carrie Kendig: provide info to regions on assignment Meri: Caregiver Connection</p>		April
<p>Reg. 3 North - Topic 2: DDD clarification – is there any way for DCFS to extend care for kids who may not be appropriate for adult family homes (who do not have in-home nursing services) Many disabled kids with medical issues are in FHs until they are 18/21 years of age; some function at ages 5/6 yrs. These youth have aging parents who sometimes are not able to care for them and DDD places the youth in homes that do not provide nursing care – Info from FPAWs: FPs are allowed to maintain one DD adult in their licensed foster home.</p> <p>Jodi Lamoreaux, Deputy Reg. Administrator (Reg. 3 South) shared information. Consider this issue differently – rather than extending foster care, perhaps look at how CA transitions youth with different abilities in a more elegant way. <i>(HCS/DDD/CA Memo of Understanding is a resource - look at attachment E)</i> This is the Medicaid Personal Care guidelines on how these agencies agree to care for kids. Differently abled infants, children & young adults may need a care assessment (reviews their disabilities, environment & all</p>	<ul style="list-style-type: none"> SWkrs should begin process no later than beginning of 17th year to ensure diagnostics happen before the youth turns 18. Social workers & FPs may not be aware of the importance of these assessments. Question: How best to forward info on beginning this process and gathering assessments at age 	<p>Meri send out MOU to team.</p> <p>Jodi send out links to access the services.</p> <p>Michelle Bogart assigned to help take lead on developing messaging out to regions so workers and families are made aware of services.</p>		April

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<p>involved systems). How many care hours are needed? Personal care in home or residential placement needed? This can happen while the child/youth is in foster care. COPES waivers also offer assistance with goods and services. Correct language in applications and assessments is essential. For Medicaid Personal Care there is no waiting list for this service. Materials and school assessments are gathered for the packet. Payment sources can be accessed through SSI. Set short/long term goals, identify who will be supports?, identify if independent living or group living environment is needed, and what supervision is necessary?</p> <p>Youth has choice to determine where they will receive services (HCS or DDA). HCS has no wait list under their services. Options are reviewed for living and supports. Many can be served in own home with wraparound services and nurse delegation with in-home nursing. 7 or 30 day “lookback” is used for what the clients need. Begin process early as possible! Exception To Rule (ETR) does exist to help resolve individualized issues. Transitioning of young adults 18 – 21 with DD is challenging and the process is unclear when in extended foster care. Darcey indicates dual licensing between CA/DDA is possible, but challenging.</p>	<p>17 to CA social workers?</p>			
<p>Reg. 3 South - Topic 1: Visitation: There needs to be a way for foster parents to get a report of how the visit went? It is difficult when children come home or are picked up, and the FP does not know what to expect. It could be as simple as a smiley face or sad face – just a clue as to what the FP can anticipate in the way of behaviors. FPs should have training to understand all visits are traumatizing to children which will impact their behaviors after the visit. Carrie Kendig</p> <p><i>(Combined w/ 3 North Topic 1)</i></p> <p>Joel reports regional conversation and both deputies are present to discuss issues today. FPs are trained to deal with issues that come</p>	<ul style="list-style-type: none"> Modification of the visit contractor’s contract is due soon and could help impact this issue. FPs talking with transport/visit person about FP’s need to know has been helpful. 	<p>Carrie Kendig</p>		<p>April</p>

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<p>out of visits. But if FPs have basic understanding of what happens at visits they could better respond to and care for children after visit. They could also help birth parents understand triggers that bring issues up at visits with parent.</p> <p>2 types of visits – contracted providers manage visits (does not address communicating with FP), or SWkrs/case aides provide visits. Contractors indicate they can't share info with FP.</p> <p>Transitioning from visit is helpful in supporting FPs. Could there be a text message – just about child (quiet, frowning, sad, etc.) how to offer kids and caregivers best support in transition. Journaling between FP and parent can help. Some parents have reported the journals are very supportive.</p> <p>FPs meet visit/transport person at home after visit. Anything specific or big that comes up should also be shared.</p>	<ul style="list-style-type: none"> Review info in the visitation contract and propose changes. Info will be shared back with the team. 			
<p>Reg. 3 South - Topic 2: Although this has been brought up at a prior 1624 meeting, the foster parents would like to again mention the long wait for intake. Reports of up to 45 minutes just to make a referral continue. Foster parents are very frustrated and feel this topic did not receive the attention it needed when previously discussed.</p> <p>Amy Gardner shared info: infant to pediatrician and Drs. office had difficulty accessing intake; lengthy time waiting on phone. Centralization of Intake in regions may help with this – process is still new. Resource adjustment may happen as they learn more.</p> <p>Reg. 1's centralized hubs longest wait time is 4 min. Jennifer believes centralization of region 3 will help.</p>	<p>Joel is prepared to make changes necessary to improve system in region 3. Regional workgroup is looking at issue and gathering feedback. Joel sees this as an urgent issue that can't wait. Immediate strategies are being developed in region. 3</p>	<p>Joel will give an update. Testing to identify bottlenecks and develop long-term planning process.</p>		<p>April</p>
<p>FPAWS Topic 1: Regional Administration Participation</p> <p>Supports at regional meetings: Joel is committed to supporting the caregivers. Reviewing existing strategy and caregivers to improve system, asking foster parents what will help them .</p>	<p>Randy will review regional supports at 1624 meetings.</p>	<p>Randy</p>		<p>April</p>
<p>FPAWS Topic 2: Support for foster-adoptive parents related to developmental, behavioral, mental health problems that arise</p>	<p>Refer issue to Melanie Meyer for discussion,</p>	<p>Jennifer: discuss at next leadership</p>		<p>April</p>

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<p>after the adoption. The current delivery system seems to be detrimental to the adoptive family in many ways. A recent case allows an example that can help inform the discussion. We need to have an understanding of what is practice, what is policy and what is possible.</p> <p>This issue relates to adoptive families who have chosen to adopt their foster children. Post-finalization the children's issues become difficult and detrimental to family. Does CA recognize the kids adopted from the system? Families searching for support but couldn't find help have connected with FPAWS. Where do we connect them for support? Issue related to post-legal adoption support services. Every adoptive family should receive child's binder and if not, Jennifer wants to know where and when this happens. Adoption Support Centers were proposed as an idea but never got off the ground. Adoption Support provides financial help to adoptive families. However there are limited services available and the legislature's view is that the family adopted the child and now they should be responsible for meeting the child's needs. CA Will approach the legislature next session on this issue.</p> <p>These difficult stories that foster adoptive families have faced are impacting foster parent recruitment and retention. Suggestion to other systems in community i.e., mental health can help coordinate services, as community involvement is essential.</p>	<p>workgroup and reporting back.</p> <p>Have work group begin to identify how other states are responding in this area.</p> <p>Remind Jennifer of the issue and need.</p>	<p>meeting (Feb) – for larger more thorough discussion and response</p> <p>Melanie Meyer</p>		
<p>Children's Topic 1: Prudent Parenting (Jennifer Strus)</p> <p>Legislation introduced today. HB 2699 and SB 6479. No hearings on either bill are scheduled yet, but will probably be soon. They may be scheduled this week or next. CA can address this issue via policy, but CA wants liability protections contained in the bills. Copies of the bills were provided in the Olympia meeting room. The Mockingbird youth have brought this issue forward.</p>		<p>Meri: send out copies of HB 2699 and SB 6479 to team.</p>		

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Children's Topic 2: RCW Change Info (<i>Darcey Hancock</i>) RCW 26-44-031 written for the Family Assessment Response (FAR). An unfounded or inconclusive can't be disclosed unless person seeks become to be a FP. Currently plan would allow disclosure of info to a CPA or private agency. Most have authorization to disclose information. This will allow CA to disclose to a CPA. CPAs want the info to assess a family. This wasn't dept. request legislation and DLR didn't know it had been included in RCW. As of Dec. 1st. disclosure is allowed to CPAs and adoption agencies. A series of licensing violations would allow DLR to take action.	Info only – no action			N/A
Debriefing Conference Call: Monday, Feb.24th, 9:00 – 10:00 a.m. Call in Line: 605-477-3000 Participant Code: 186895#				

Elizabeth Griffin-Hall will step in for Pam McGahey the newly elected Reg. 3 North 1624 rep that had to leave to due family complications with her foster child's medical issues.

Future Regional 1624 Meetings:

Regional Offices	Meeting Date / Time Location	Meeting Date / Time Location	Meeting Date / Time Location	Meeting Date / Time Location
Region 1N. - Spokane				
Region 1 S. - Yakima	March 17, 10 -12 p.m. Ellensburg, Yakima, Toppenish, Richland via conference call	Not yet scheduled	Not yet scheduled	Not yet scheduled
Region 2 N. - Everett	March 10, 2014	June 9, 2014	September 8, 2014	December 8, 2014
Region 2 S. - Seattle	March 13, 2014	June 12, 2014	September 11, 2014	December 11, 2014
Region 3 N. - Tacoma	March 10, 2014, 10-12 p.m.	June 9, 2014 10 – 12 p.m.	Sept. 8, 2014 10-12 p.m.	December 8, 2014
Region 3 S. - Tumwater	March 11, 10-12 p.m. Olympia, Fountain Room	June 10, 10-12 p.m. Vancouver	September 9, 10-12 p.m. Kelso	December 9, 10-12 p.m. Centralia